		255961
STATE OF SOUTH CAROLINA)	BEFORE THE
	PUBLI	C SERVICE COMMISSION
(Caption of Case)	ď	F SOUTH CAROLINA
Example: Application for a Class C Charter Certificate from John Doe dba Doe's Limo) TRANSI	PORTATION COVER SHEET
Application for a Class C Charter Certificate from		
Emery S. Kirk dba Captain Kirk's Discovery Tours	DOCKET NUMBER:	2015 - 133 - I
	Land - Dooket Num	ime filing an application with the PSC, you will not ber. The Commission will assign one to you. If you Commission before, a Docket Number was assigned d above.
(Please type or print) Submitted by: Emery S. Kirk	Telephone:	843-232-8225
Address: 513 N Myrtle Drive	Fax:	
Address: 513 N Myrtie Drive Surfside Beach, SC 29575	_ Other:	843-457-1700
NOTE: The cover sheet and information contained herein neither repla	Email: dkirk	513@gmail.com
NOTE: The cover sheet and information contained herein neither repla as required by law. This form is required for use by the Public Service be filled out completely. NATURE OF ACTIO		
Class A/A Pastrioted	□R	equest for Name Change on Certificate
Application - Class A/A Restricted	□R	equest to Amend Scope of Authority
Application - Class C Taxi		equest to Amend Tariff (rate increase, etc.)
Application - Class C Charter		equest to Amend Passenger Limit
Application - Class C Charter Bus		
Application - Class C Non-Emergency	R	Lequest
Application - Class C Stretcher Van Application - Class E Household Goods) 1485	Exhibit
Application - Class E Household Goods	I	ate-Filed Exhibit
Application - Class E Hazardous Waste	I	etter
Application	F	Proposed Order
Request for Extension to Comply with Order	l	Publisher's Affidavit
Request for Order Granting Authority to Obtain a Certificat	e 🔲 I	Reservation Letter
of Public Convenience and Necessity to be Rescinded		Response
Request for Cancellation of Certificate		Return to Petition
Request for Suspension		Other:
Request for Reinstatement		

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

JBD

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 Executive Center Drive, Suite 100

Columbia, South Carolina 29210

(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100

Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR **OPERATION OF MOTOR VEHICLE CARRIER**

	Date: 3/30/2015	
CI	LASS C - CHARTER	
Ap of	pplication is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the prof S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.	ovision
1.	Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trace	le name.)
	Captain Kirk's Discovery Tours	
•	513 N. Myrtle Drive, Surfside Beach, SC 29575	
_	Street Address of Applicant	
-	Mailing Address of Applicant (if different from street address)	
	843-232-8225 Fax	
_	Dhono	
	1 none	
	dkirk513@gmail.com	
2.	1 none	a 1 South
	dkirk513@gmail.com Email Address If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolin Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach Carolina Secretary of State "Foreign Corporation" Certificate.)	a 1 South
	dkirk513@gmail.com Email Address If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolin Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach	a 1 South
	dkirk513@gmail.com Email Address If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolin Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach Carolina Secretary of State "Foreign Corporation" Certificate.) Select Entity Type: (Check one)	a South
	dkirk513@gmail.com Email Address If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolin Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach Carolina Secretary of State "Foreign Corporation" Certificate.) Select Entity Type: (Check one) Individual Owner/Sole Proprietorship	a a South
	dkirk513@gmail.com Email Address If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolin Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach Carolina Secretary of State "Foreign Corporation" Certificate.) Select Entity Type: (Check one) Individual Owner/Sole Proprietorship □ Partnership - List names and addresses of all person having an interest in the business.	a South
	dkirk513@gmail.com Email Address If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolin Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach Carolina Secretary of State "Foreign Corporation" Certificate.) Select Entity Type: (Check one) Individual Owner/Sole Proprietorship □ Partnership - List names and addresses of all person having an interest in the business.	a South

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance a	at Time Applica	ation is l	Filed:	
Month	March	Year	2015	

Assets:	
Cash	98,500
Receivables	
Real Estate	425000
Buildings and Equipment (Net)	
Motor Vehicles (Net)	29500
Garage Equipment (Net)	
Machinery and Tools (Net)	
Supplies on Hand	
Prepaids and Other Assets	211000
Total Assets*	764000
Liabilities and Equity:	
Accounts Payable	2000
Notes Payable	
Mortgages Payable	151000
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	153000
Capital Stock	
Retained Earnings	
Total Equity	
Total Liabilities and Equity*	611000

^{*} Total Assets = Total Liabilities and Equity

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate): \$55.00 per hour

Requested Scope of Authority: Check all counties in which you are requesting permission to operate. You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.					
Abbeville	Cherokee	Florence	Lee	Saluda	
Aiken	Chester	Georgetown	Lexington	Spartanburg	
Allendale	Chesterfield	Greenville	Marion	Sumter	
Anderson	Clarendon	Greenwood	Marlboro Marlboro	Union	
Bamberg	Colleton	Hampton	McCormick	Williamsburg	
Barnwell	Darlington	Horry	Newberry	York	
Beaufort	Dillon	Jasper	Oconee		
Berkeley	Dorchester	Kershaw	Orangeburg	⊠ Statewide	
Calhoun	Edgefield	Lancaster	Pickens		
Charleston	Fairfield	Laurens	Richland		

DESCRIPTION OF EQUIPMENT

You are not required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)	vehicle is equipped
1-7 Passengers, including driver	

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT
Ford	2013 E350 van	1FBNE3BL2DDA78234	4100

INSURANCE QUOTE

This form MUST BE COMPLETED AND SIGNED by an AUTHORIZED INSURANCE COMPANY REPRESENTATIVE. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

	Captain Kirk's Discovery Tours
	Name of Applicant
	513 N. Myrtle Drive, Surfside Beach, SC 29575
	Address of Applicant
Amount of Premium:	Limits Quoted: (See Below)
Liability Insurance \$ -	1500000 Limits 1500000
The above quoted premi	um is for a term of 12 months.
Minimum Limits - Intra	state Only:
1-7 Passeng	including the driver's seather
8-15 Passeng	ers* \$ 25,000/100,000/25,000
	Northland Insurance Company
	Name of Insurance Company
	385 Washington St., St. Paul, MN 55102
	Home Office Address of Company
meets the minimum insu	ommission's Rules and Regulations relating to insurance requirements and the above quote rance limits prescribed. The insurance company making this quote is authorized by the ent of Insurance to do business in South Carolina.
	· C ··································
3/30/2015	Insurance information attached

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

ACORD [®]

INSURANCE BINDER

03/27/2015

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Para 4 of 2 A 4002 2013 A COPD CORPORATION All rights reserve				Th	omas P. Woo	d Managir	ig Member	
		20	1 4 6 2	1003,2013	ACORD CORP	ORATION.	All rights r	eserved.

Exhibit Fit, Willing, and Able (FWA)

	Captain Kirk's Discovery Tours Name of Applicant
Are there currently	any outstanding judgments against the Applicant?
○ Yes	No
If Yes, indicate na	ture of judgement(s) against applicant.
. Is Applicant famil	liar with all statutes and regulations, including safety regulations and governing for-hire mot
carrier operations	liar with all statutes and regulations, including safety regulations and governing for-hire mote in South South Carolina, and does Applicant agree to operate in compliance with these
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Exhibit on Driver Qualifications

Applic	cant understands that a	rivers must be a minimum of 18 years of	age.
•	Yes	No	
and su	ich record from the Di	of the state in which the driver is or has t	driving record issued by the SC DMV been domiciled for such period must
•	Yes	No	
must	be maintained in the A	icant's business office.	e state where the driver currently lives
their	possession when opera	drivers operating a vehicle under a Class (g a charter vehicle, a valid driver's license	C Certificate must have in e issued by the SC DMV or the current
•	Yes	No	
vehic State	cles to drivers who are Law Enforcement Div	istered, or required to be registered, as secon or any national registry of sex offender	x offenders with the South Carolina
	Appliand Sube mand Sube ma	Applicant understands that a cerand such record from the DMV be maintained in the Applicant's Yes Applicant understands that a crimust be maintained in the Applicant understands that all their possession when operating state of residence of the driver. Yes Applicant understands that all their possession when operating state of residence of the driver. Yes Applicant understands that all their possession when operating state of residence of the driver.	Applicant understands that a certified copy of the driver's three (3) year of and such record from the DMV of the state in which the driver is or has be maintained in the Applicant's business office. Yes No Applicant understands that a criminal history background check from the must be maintained in the Applicant's business office. Yes No Applicant understands that all drivers operating a vehicle under a Class their possession when operating a charter vehicle, a valid driver's license state of residence of the driver. Yes No Applicant understands that all Class C Certificate holders are prohibited vehicles to drivers who are registered, or required to be registered, as se State Law Enforcement Division or any national registry of sex offenders.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA POST OFFICE DRAWER 11649 COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

OWNER
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA

COUNTY OF HOME

This 304 day of March, 20/5

Notary Public & Collyano

Commission Expires 1-9-2017